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ABSTRACT

A 10-week training program in a private nonprofit residential treatment program for children and youth was designed to help a treatment team increase its team functioning skills as measured by a pre- and post-training survey of individual and team effectiveness. The treatment program was located in a rural community and served people from eight states. The treatment team consisted of a unit director, two case managers, two residential/recreation staff, two teachers, and two night counselors. The training program consisted of training and workshops developed to facilitate increased team functioning skills. Individual and team functioning increased or remained the same in 45 of 48 average scores calculated for the pre- and post-training measures. The decreases were measured for the areas of expressing feelings, supporting team decisions, and giving feedback to others. Team members' responses on an evaluation form indicated that members viewed the training favorably. Among the recommendations provided to others who want to implement a team rather than departmental staffing pattern were that administrators must ensure adequate time for staff training, training must be conducted at times other than those already designated for meeting time, and child and youth care administrators must support the use of outside consultants in the training program because program staff often pay more attention to outsiders than to other staff members. (The document includes seven references; copies of pretest, posttest, and evaluation instruments; and outlines of the training program's content.) (CML)

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Making The Team Approach Work: The Development and Implementation of a Staff Training Program

by

Mark Braddon Berger

Cohort XXXIV

A Practicum Report Presented to the National Master's Program for Child Care Administrators in Partial Fulfillment of the Requirements for the Degree of Masters of Science

NOVA UNIVERSITY
1990

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2/7/90
Date

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Abstract

Making the Team Approach Work: The Development and Implementation of a Staff Training Program. Berger, Mark B., 1990. Practicum Report, Nova University, Masters Program for Child and Youth Care Administrators. Descriptors: Residential Care/Residential Centers/Group Homes/Staff Development/ Professional Development/Teamwork/Adolescents/Staff Training.

Due to an oversight or lack of foresight by facility administration, staff had not received adequate training regarding the team model. Historically, the facility had operated under a departmental model.

The writer designed and implemented a training program which provided a selected treatment team with knowledge and skills associated with the team model and approach in work with children and youth. The training program consisted of ten weeks of training and workshops developed to facilitate increased team functioning skills. A pre and post individual and team effectiveness survey was given to measure the effects of the training.

Evaluative tools indicated that overall individual and team functioning improved during the course of the training.

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Chapter 1

INTRODUCTION

Program Setting

The setting for the design and implementation of this project was a private, non-profit residential treatment program serving children and youth. This program provides services for sixty-six male children and youth between the ages of ten and eighteen. The students are placed at the facility by local school systems, local court services units, departments of social services, state department of corrections or a combination thereof. The facility is located in a rural community and serves children and youth from eight states.

The facility had recently changed from the departmental model to a modified team approach. There are five treatment teams at the facility. The treatment team serves a group of students residing in a specific cottage. A treatment team consists of a Unit Director, two Case Managers, two Residential/Recreational staff, two Teachers and two Night Counselors. Treatment team support personnel include the Director of Clinical Services, Director of Social Services, Director of Recreation, Educational Coordinator as well as the Facility Director.

Staff Roles and Responsibilities

It is the responsibility of this writer as Unit Director to ensure that student treatment plans are accurate and realistic

and consistently implemented by the treatment team. The writer monitors the use of the Behavior Management System and ensures that the assigned cottage is functioning in the best interest of the children and youth served. The writer provides immediate supervision of all treatment team members except for educational personnel.

There are five Unit Directors responsible for the treatment of the students in the five cottages. Each treatment team member has a defined role. Case Managers are responsible for a caseload of six to eight students. Case Managers are the primary advocate and contact person between the facility and agency personnel as well as parents. They develop and evaluate individualized student goals and objectives. The Student Life staff are responsible for meeting the recreational or residential needs of the students. The Student Life staff with recreational responsibilities is a specialist in planning activities which meet the needs of the students in the cottage. The Student Life Staff with residential responsibilities ensures that each student has adequate clothing and hygiene supplies. The two teachers assigned to the treatment team maintain a caseload of six to eight students and serve as an academic advisor. They ensure that the student is placed in appropriate classes and monitor progress toward meeting academic goals and objectives. The Night Counselors are responsible for behavioral data collection as well as supervising the student wake up procedure. In addition to their specific responsibilities, staff must perform basic unit

staff responsibilities on a daily basis. Each individual provides active supervision of the student, distributes medication, facilitates cottage meetings and documents student and group progress. Each team member is also responsible to actively participate in the development and implementation of each student's Individual Treatment Plan.

Each treatment team utilizes the expertise of support personnel on a frequent basis. The Facility Director is responsible for the overall functioning of the facility. The Facility Director supervises the Unit Directors and is a resource when specific personnel or programmatic input is required. The Director of Clinical Services is an expert in learning theory and behavior management. The Director of Social Services is available to offer information regarding agency and parental involvement in the student's placement. The Director of Educational Services ensures that appropriate academic services are provided for all students on campus. Each student attends a full day of classes on campus. This individual is a source of information regarding student ability and performance in the academic setting. The Director of Health Services is a Registered Nurse who ensures student medical needs are met and is a resource to the treatment team regarding any medically related student issue. The Director of Recreation offers expertise in the area of therapeutic recreation and residential life.

Chapter 2

STUDY OF THE PROBLEM

Problem Definition

The problem addressed focused on providing essential information to the treatment team regarding the team approach and team functioning. There were major adjustments to be made after switching from the Departmental Model to the Treatment Team Model. This assistance and training had not been made available to treatment team members.

Evidence

In the book Helping Others Through Teamwork, Garner (1988) states "The departmental model develops the expectation that the administrators at the top of the organizational hierarchy will make major decisions that will solve the problems of those who are working directly with children (p.78)." Due to this dilemma, there is no investment on the part of the front line staff to implement and adhere to administrative treatment mandates. Garner (1988) goes on to say:

> The departmental model places the administrators in a no-win position. They are criticized both for doing too little and for doing too much. The same administrator may be attacked for failing to exercise strong leadership and for imposing his authority on decisions that are viewed as the staff's responsibility. It seems like the administrator is a parent figure upon whom each individual staff member can project his or her own psychological needs. In this way, the departmental model encourages an essentially parent-child relationship between the administrator and the staff members.

Many of the concerns regarding the Departmental Model were

apparent at the facility in the past. Garner (1988) states that "the total team model articulates its values, expectations, and guidelines for the interaction between the teams and the program administrators (p.78)."

The author obtained data measuring facility staff familiarity with the treatment team approach. Data was gathered through the interview process (Appendix A: 25) and from the Team Building Training Survey (Appendix B: 27). From this data, it is clear that treatment team members are not aware of the philosophy surrounding the treatment team approach nor the many tools and skills that enhance team functioning.

The Team Building Training Survey was given to every treatment team member at the facility. Of the forty surveys distributed, twenty-one responses were returned. Scores were tallied for every survey question and an average score was determined. These scores are reflected in (Appendix C: 30).

Evidence secured from the interview process and the Team Building Training Survey indicated that team members would benefit from additional information regarding components of the treatment team model. Administrators and Unit Directors interviewed felt there had not been adequate training regarding the Treatment Team Approach. During this process, it was also clear that there is a need for some formal training regarding the team approach. In addition, recommended topics presented in the training are included in the solution strategy and attached training outlines. It was clear that team members were willing

to learn about topics such as effective communication, decision making and team functions and responsibilities.

Analysis of Causes

The cause of the problem was that the Administration at the facility had not placed a priority on training the treatment team to be effective. The decision to change from the departmental approach to the team approach may be a good decision, however, the decision not to provide staff training relating to the change was lacking foresight. Problems were addressed in a reactive manner as opposed to a preventive and training approach. While ideas were shared regarding effective team functioning, it was usually done on an informal basis.

Relationship to the Literature

In the book Teamwork In Programs For Children And Youth, Garner (1982) states:

> At the top of the list of barriers to the team model has to be the hierarchical departmental bureaucracy, which is the most common organizational structure of our helping institutions. The departmental model provides the career ladders for those who seek administrative responsibilities, the territories and empires to be defended; the source of identity, power, and status for each discipline; and the locus of supervision and control (p.130).

There are many problems associated with the departmental model. Garner(1988) states that "Under the so-called departmental model, employees are grouped together according to role, function, and title for the purposes of program implementation and staff supervision(p. 7)." Negative

characteristics of the departmental approach include inconsistency, poor communication, territoriality, undue focus on power and status, jealousy, distrust and the overall we versus they attitude by all. Garner (1988) summarizes the negative impact of the departmental model by saying:

> The departmental model places the clients in the middle, where they become pawns in territorial battles for power, control, status, and financial resources. Staff members who serve the same clients are not obliged to know each other, to communicate, to plan together, or to support one another. The staff is both divided and conquered (p.16).

The team approach has proven effective in a variety of settings. It has been successfully utilized in schools, hospitals, social service organizations and residential program. In the Child Care Quarterly, Garner (1977) states that "In order for any team to function, it must meet regularly to plan, to encourage, to practice, and to evaluate (p. 175)."

The team approach in itself is not enough to solve all of the problems prevalent in the departmental model. Training, guidance and active supervision must occur if the team approach is to be effective. Harvey and Johns (1988) discuss factors that make a caregiving team successful by saying:

> First, members of successful caregiving teams are clear about what is expected of them-as a group and as individuals. Second, they share a common goal. And, third, members value and utilize each other's skills, knowledge and experience. These characteristics do not emerge naturally but must be nurtured by the formal and consistent support from the whole program (p 34).

In their book Group Care Practice With Children, Fulcher and Ainsworth (1985) address the challenge of working in teams. They state:

> As members of a team, group care practitioners are required to engage in work with individual children and a group of many children simultaneously. This often requires changing focus very quickly from the needs of one child to the needs of another, whilst at the same time ensuring that the needs of the total group of children are not neglected. This is a particularly difficult aspect of group care practice and highlights the complex task which practitioners are expected to perform. Success or failure is shared between a number of different people (p. 64).

A review of the literature indicated that there is not a great deal of work devoted to training members of a treatment team working with children and youth. Ainsworth and Fulcher (1985) state:

> The literature on these features of practice, and teamwork in particular, is not extensive. More often than not, when teamwork has been addressed, it has been examined from a managerial perspective. Less attention has been given to the occupational focus of group care which underpins a team approach to practice (p.64).

A few individuals have focused on the team approach as it relates to the treatment of children and youth. In his workshops, Garner shares The 10 C's of teamwork. These terms which begin with the letter C are characteristics of skills needed if a treatment team is successful with the clients served. The 10 C's are: communication, cooperation, collaboration, confronting problems, compromise, consensus decision making, coordination, consistency, caring and commitment.

In the Journal Of Child And Youth Care Work(1989), Maciejewski summarizes an important aspect of teamwork by saying:

> Working in harmony, generating "multiple descriptions" of the children they serve, communicating their differences, such a composite group of adults can restore holistic "patterns that connect" people by introducing the benefits of a healthy extended family to the child's experience(p.44).

Chapter 3

GOALS AND OBJECTIVES

Goals

The goal of this project was to develop and implement a training program which will assist a treatment team in understanding and learning the basic philosophy of the team approach as well as learning and exhibiting the skills and processes associated with effective team functioning.

Objectives

The following objective was projected for this practicum.

1. Over a period of ten weeks a selected treatment team will increase their team functioning skills as measured by a pre and post Individual and Team Effectiveness Survey.

Evaluation

Evaluation instruments and techniques included: 1. The completion of pre and post-implementation team effectiveness survey(Appendix D: 33). 2. The completion of a questionnaire regarding the effectiveness of the training provided(Appendix E: 35).

The Individual and Team Effectiveness Survey was developed by the writer. This survey measures several components of effective team functioning. This survey provided information to individual team members. Each team member received feedback on their performance as a team member. Team members evaluated the effectiveness of the team focusing on each of the twenty

characteristics listed on the survey. An average score was calculated for individual performance as well as team performance in the twenty areas characteristic of successful team functioning.

The Staff Training Evaluation Form was also developed by the writer. This form evaluated each team members perceptions of the training offered. This form is completed anonomously to promote honesty.

Chapter 4

SOLUTION STRATEGIES

Information Collection

Strategies utilized to gather information regarding the Treatment Team Approach included a review of the literature focusing on the advantages of this approach as well as key concepts and training methods. A review of the literature indicated that there are numerous theories and characteristics which describe effective team functioning. However, a specific training program relating to work with children and youth was not found.

Solution Strategy

To address the issue of utilizing the Treatment Team Approach to its fullest, a staff training program was developed and implemented. Inservice training with a selected treatment team was conducted.

Report of Action Taken

An outline for each training session is attached (Appendix F-0: 38-57).

Week one training consisted of the writer administering the Pre-Training Survey as well as informing the treatment team of the upcoming inservice training topics. Results of the Pre-Training Survey are seen in the appendices (Appendix P: 58).

Training during week two focused on an introduction to the

team model. Topics addressed included controlling the environment, barriers to effective teamwork, characteristics of effective teamwork and potential outcomes of effective team functioning.

At the beginning of the session, team members participated in two icebreaker activities. First, in groups of two, each individual selected an item in their pocket or purse which represented themselves in some way. Their task was to describe why this object was important to or represented them. The group was then divided into two groups of four. Each group was given an object and based on this object, needed to agree on a name for their group.

The writer then reviewed barriers to effective teamwork. These barriers include but are not limited to status conflicts, role confusion, varying education and experience, different value systems and power struggles.

The next activity involved reviewing characteristics of effective teamwork. Each group was given a list of ten characteristics of effective teamwork and were instructed to choose the two most valuable characteristics as well as the two least valuable characteristics. Both groups had difficulty completing this exercise due to the importance of all characteristics listed.

Week two training concluded with a summary of potential positive outcomes of the team approach in work with children and youth. Potential outcomes reviewed included staff involvement in

treatment, emotional support of team members, team confidence, increased team and individual skills, shared expertise and experiences, the development and implementation of treatment plans and preventive as opposed to reactive decision making.

The Workshop conducted during week three focused on team mission, team goals, team roles and team identity. This workshop began with an icebreaker activity. The eight treatment team members were divided into two groups. Each group member was asked to share his or her two most favorite things with the small group. Based on the interests presented, the task was to agree on a name for their small group.

The small groups were then asked to discuss and agree on the mission of the agency as well as the mission of the treatment team. After this task was completed, both groups shared their thoughts on the mission of the agency and the treatment team. There was overall agreement on the mission of the agency. However, there was a difference of opinion on the mission of the treatment team. The writer emphasized that it was important that the team reached consensus on the team's mission. It was stressed that if we do not understand our mission, the varying perceptions of the roles and responsibilities of the team members will impair team functioning.

During training conducted during week three, the writer also focused on the need for the mission of the treatment team to be in line with the mission of the agency. Many agencies consist of numerous treatment teams. Each treatment team frequently fills a

specific student need or group of student needs. It is imperative that the agency and the treatment team agree on the specific team mission and goals. Once agreement is reached, it is just as important that the treatment team fulfills it's mission.

Week four training focused on effective communication. Topics addressed included sharing and trusting, effective listening, reflective statements of content and feeling as well as non-verbal communication. The writer stressed the importance of effective communication in the team's interactions with students as well as with other team members.

During this session, staff were also involved in a labeling activity which was adapted by the writer from an activity outlined by Pfeiffer and Jones (1976). During this activity, treatment team members were given a list of ten statements typed on stickers. The ten statements were commands respect, mysterious, warm, honest, happy, friendly, sincere, intelligent, fun and sexy. The team members were instructed to place each of their stickers on a team member reflected in the statement. Staff were instructed that every team member must be given at least one sticker. After this was completed, the entire group reconvened and each staff member shared the reasons they selected a given staff member to receive each sticker. During this sharing component of the exercise, staff were asked to direct their feedback to each team member. Statements beginning with he or she were redirected to begin with you.

The final topic of discussion during the fourth week of training focused on incidents that require communication among team members. Incidents addressed included a change in student behavior, inconsistencies among team members, confusion in daily routines, conflict among team members, superior team member performance, deficient performance by a team member and admitting mistakes so others may learn. The writer also addressed occasions when it is imperative to communicate clearly with other teams. These occasions included specific student treatment strategies impacting other treatment teams and potentially agitating situations potentially effecting a given student.

Training during week five addressed the importance of problem solving and decision making and their impact on team functioning. The importance of describing the problem clearly was addressed. The importance of accessibility to accurate data when making decisions was also discussed. The group also explored the importance of searching for several possible solutions to the problem and selecting the optimal alternative. The final component reviewed dealt with the development and implementation of an evaluation process in which the success or failure of the plan or decision could be measured.

The team then practiced the problem solving and decision making skills mentioned above. The team was faced with the problem of deciding whether it was in the best interest of a student to go home for a holiday visit. While the discussion was

lengthy and the alternatives widespread, a consensus was reached utilizing the processes outlined above.

The session conducted during week six focused on the importance of team meetings on team functioning. The session began with an icebreaker activity. During this activity, each treatment team was asked to share their two greatest strengths with the treatment team. These strengths were listed on a blackboard. Every pair of strengths were different. The writer stressed that each treatment member possesses different strengths. Each member is an expert in their own special way. Recognizing and utilizing a treatment team member's expertise is an integral part of successful team functioning. These strengths, if utilized appropriately by the group, make treatment team meetings invaluable.

Characteristics of effective team meetings were addressed. Goals of team meetings included encouraging team members, communicating team issues and concerns, evaluating treatment team effectiveness as well as addressing team inconsistency. The role of treatment team members during these meetings was also discussed. Staff behaviors that promote teamwork were also reviewed. These behaviors include regular attendance, active participation and a focus on student and team needs.

Week seven training focused on student perceptions of the team as well as accountability for team decisions and treatment plans. This session began with an icebreaker activity titled Wilderness Survival: A Consensus-Seeking Task as seen in the

text written by Pfeiffer and Jones (1976). Treatment team members were given a work sheet in which they were asked to answer twelve multiple choice questions regarding surviving in the wilderness. Each members answer was placed on the answer sheet. Next, the group needed to reach consensus on an answer to different questions. After this activity was completed, the writer emphasized the various skills utilized by the team in reaching consensus.

The writer then presented a lecture on student perceptions of the team. Children and youth are extremely perceptive when turmoil exists within the treatment team. If precautions and good judgement are not utilized by treatment team members, students will figure out who likes who, who agrees with who, who is strict and who is a pushover and who runs the show. Treatment team members must present a united front in their interactions with children and youth.

Additional information was presented on the importance of team members becoming experts at consistently and accurately carrying out team decisions and plans. Decisions and effective implementation are important when addressing daily schedules, student goals, intervention strategies as well as cottage and facility policies and procedures. While all decisions made by the team will not be correct, the plan must be given the opportunity to succeed. Systematic and consistent implementation as well as a valid follow-up procedure must be in place. The response of treatment team members to children and youth

regarding decisions was also addressed. Whether everyone is in agreement with the decision or not, responses must be supportive. One non-supportive team member can sabotage the plans of the entire treatment team.

During the eighth week of training, the focus was on resolving conflict within the team. Due to time constraints, the icebreaker activity was only explained to the treatment team. Each treatment team member was given a list of twenty-five words typed on stickers which included phrases characteristic of effective teamwork as well as phrases characteristic of group dysfunction. The list contained the following phrases; power hungry, stubborn, pushover, non-participatory, avoids conflict, inconsistent, non-committal, uncaring, caring, uncooperative, cooperative, consistent, compromises, confronts problems, committed, communicates clearly, confident, comfortable, challenging, appropriately critical, flexible, predictable, helps others, active participant and listens. The group was informed that if time had allowed, the words on these stickers were to be placed on the most appropriate team member. Each team member had to be presented at least one positive phrase as well as at least one phrase indicative of group divisiveness. Team members were to share their rationale for their decision when distributing the stickers.

A problem solving technique addressed during this session was the use of structured feedback. Teams often struggle and fail. Problems causing team dysfunction include the fear to

confront, intimidating team members and poor or inconsistent team performance. Structured feedback requires the leadership of a group leader or outside consultant who assists the team in expressing ideas and feelings in a confidential manner.

The structured feedback process consists of each team member offering feedback to a selected team member. Each team member shares two positive traits and one area to be worked on. The selected team member remains silent until all feedback is offered. The selected team member may then comment on the feedback presented. While important deficit areas are noted, the self image of the selected staff member stays relatively intact because of the strengths listed. The treatment team then brainstorms plans of attack to improve deficient performance. The best alternative is selected and a plan of action is agreed upon. A follow-up procedure to measure success is also devised. Results of this problem solving process include team cohesiveness, team trust and increased communication skills.

A guest speaker was tentatively scheduled to present a workshop during the ninth week. Agency approval and funds were denied for Howard Garner to present a workshop on the treatment team approach in work with children and youth. In lieu of this workshop, the writer reviewed the varying topics reviewed in the training conducted in the previous eight weeks. After this review, the treatment team completed the post-training Individual and Team Effectiveness Survey.

Week ten training focused on reviewing the results of the

pre and post Individual and Team Effectiveness Survey. Team members were asked to personally evaluate their growth and the growth of the team over the ten week period. Specific performance deficits were also reviewed. A discussion also occurred regarding the need to continue training. The entire treatment team felt they benefited from the training and felt further training would be helpful for the team and the student's served by the team. The final task of this session was for participants to complete the Staff Training Evaluation form.

Chapter 5

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

The success of this practicum in achieving the goal of developing and implementing a training program enabling a treatment team to learn and implement the basic skills associated with effective team functioning is described in relationship to the objective stated in Chapter 3.

Objective: Over a period of ten weeks a selected treatment team will increase their team functioning skills as measured by a pre and post Individual and Team Effectiveness Survey.

As indicated in the training results based on the twenty characteristics of teamwork (Appendix P: 58) and training results based on individual team effectiveness ratings (Appendix Q: 60), it is noted that individual and team functioning increased or remained the same in forty-five of forty-eight average score areas calculated. Decreases seen in Appendix P under the heading of overall team rating are seen in the areas of expressing feelings, supporting team decisions and giving feedback to others.

Treatment Team Member's evaluation of the training program is seen in the Staff Training Evaluation Form Results (Appendix R: 62). From these results it is evident that the training was viewed in a favorable light. Overall, the team felt the instructors instructions were clear and understandable. The

group felt the writer could have been more organized and comfortable with workshop presentations. General comments offered by staff will be reflected in the recommendation section of this report

Conclusions

From the data collected during the implementation of this training program, it is clear that the treatment team members and the treatment team as a whole benefited from this training. The student's served by the treatment team benefited from the training as well. The skills and concepts addressed and learned by the treatment team enabled the staff to work together as a team in meeting established goals and objectives aimed at the team's mission statement.

It is clear that the training could have been enhanced in several ways. Quantity of meeting time is frequently a dilemma facing teams working in residential programs serving children and youth. Supervision of students is usually a high priority. To allow the entire treatment team to meet as a group, arrangements often must be made for non-treatment team members to supervise the students. Another problem encountered dealt with whether or not to place a higher priority on training than more immediate staff and student needs.

Recommendations

The following recommendations are proposed for those who plan to utilize this practicum project or components thereof.

These recommendations are based on the thoughts of the writer or input received from treatment team staff.

1. Administrators must insure that adequate time for staff training if offered. This time is best made available weekly but no less than monthly.

2. Training must be conducted at times other than those already designated for unit meeting time. Training must be seen as a separate entity and unit meeting time is best devoted to meeting the needs of children and youth served.

3. Child and youth care administrators must support the utilization of outside consultants in their training program. Program staff often listen and hear what an outside expert has to say as opposed to someone from the program whom they see on a daily basis.

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Appendix A

Interviews with Individual Supervisors

Interviews with Individual Supervisors

The following questions were asked to obtain information regarding the need for training related to the treatment team model. The purpose of these interviews was to determine if adequate training is offered at the facility and to receive suggestions for training topics.

1. Do you feel there has been adequate training for staff since the change from the departmental to the team model?

2. Is there a need for a training program focusing on the treatment team approach at the facility?

3. What topics would you recommend for inservice training regarding the team approach?

Appendix B

Team Building Survey

TEAM BUILDING TRAINING SURVEY

Assigned Unit:_____ Position:_____

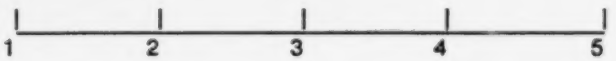
INTRODUCTION: A TRAINING PROGRAM IS BEING DESIGNED TO MEET THE NEEDS OF STAFF AND TREATMENT TEAMS FOCUSING ON VARIOUS ASPECTS AND COMPONENTS OF THE TREATMENT TEAM APPROACH. YOUR INPUT IS INVALUABLE TO THE SUCCESS OF THIS TRAINING. PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE AS THOROUGHLY AS POSSIBLE.

SECTION I: FAMILIARITY WITH THE TEAM MODEL. PLEASE CIRCLE THE NUMBER WHICH MOST CLOSELY COINCIDES WITH YOUR KNOWLEDGE OF THE TREATMENT TEAM APPROACH.

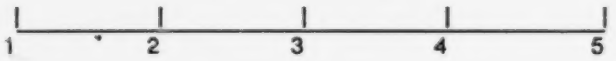
RATING SCALE

1-I know nothing. 2-I know very little 3. I know some 4. I know a good bit. 5-I know everything

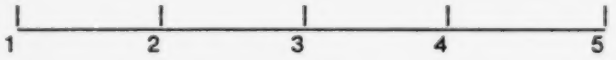
1. How familiar are you with the differences between the departmental and the team model in work with children and youth?



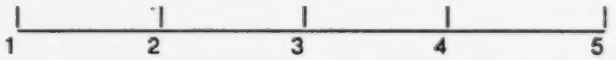
2. How familiar are you with your specific role within your assigned team?



3. How familiar are you with the specific expectations and goals of your treatment team?



4. How familiar are you with the different characteristics and traits of a successful treatment team?

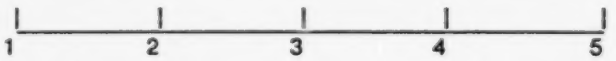


SECTION II: THERE ARE CERTAIN CHARACTERISTICS THAT ARE REPRESENTATIVE OF A SUCCESSFUL OR UNSUCCESSFUL TREATMENT TEAM. PLEASE CIRCLE THE NUMBER THAT COINCIDES WITH YOUR INTEREST IN LEARNING MORE ABOUT THESE CHARACTERISTICS AND WAYS TO TURN THESE NEEDS INTO REALITY.

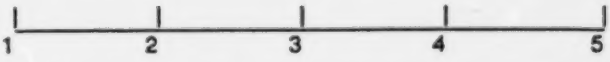
RATING SCALE

1-I am not interested. 2-I am a little interested. 3-I am somewhat interested. 4-I am interested. 5-I am very much interested.

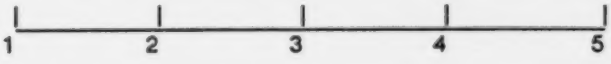
1. I would like to learn more about effective communication.



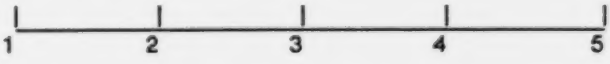
2. I would like to learn more about problem solving and decision making.



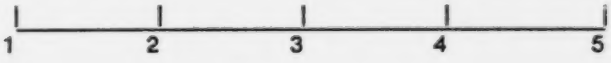
3. I would like to learn more about team functions and responsibilities.



4. I would like to learn more about the importance and ways to implement the team's plans and decisions.



5. I would like to learn more about observing and recording student behavior.



PLEASE LIST ANY OTHER AREAS YOU WOULD BE INTERESTED IN EXPLORING RELATING TO THE TREATMENT TEAM APPROACH:

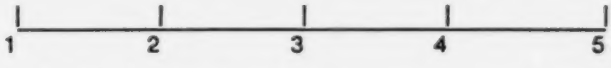
_____

_____

SECTION III: PLEASE RATE THE TRAINING YOU HAVE RECEIVED TO THIS POINT REGARDING THE TREATMENT TEAM MODEL.

RATING SCALE

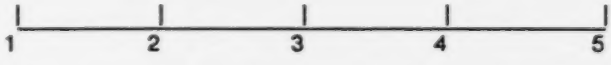
1-Nonexistant. 2-Poor. 3-Fair. 4-Very good. 5-Outstanding.



SECTION IV: PLEASE RATE THE EFFECTIVENESS OF YOUR TREATMENT TEAM AT THIS POINT IN TIME.

RATING SCALE

1-Totally ineffective. 2-Poor. 3-Fair. 4-Very good. 5-Outstanding



SECTION V: PLEASE ADD ANY ADDITIONAL COMMENTS.

_____

_____

_____

Appendix C

Team Building Assessment Survey Results

TEAM BUILDING ASSESSMENT SURVEY: RESULTS

Section I. Familiarity with the team model.

Rating Scale: 1-I know nothing 2-I know very little 3-I know some 4-I know a good bit 5-I know everying.

1. How familiar are you with the differences between the departmental and the team model in work with children and youth?

Average Score: 2.4

2. How familiar are you with your specific role within your assigned team?

Average Score: 3.5

3. How familiar are you with the specific expectations and goals of your treatment team?

Average Score: 3.2

4. How familiar are you with the different characteristics and traits of a successful treatment team?

Average Score 2.9

Section II: Interest in learning more about the treatment team model.

Rating Scale: 1-I am not interested 2-I am a little interested 3-I am somewhat interested 4-I am interested 5-I am very much interested

1. I would like to learn more about effective communication.

Average Score: 4.1

2. I would like to learn more about problem solving and decision making.

Average Score: 4.0

3. I would like to learn more about team functions and responsibilities.

Average Score: 3.8

4. I would like to learn more about the importance of and ways

to implement the team's plans and decisions.

Average Score: 4.3

5. I would like to learn more about observing and recording student behavior.

Average Score: 3.8

Section III: Treatment team training offered by the facility.

Rating Scale: 1-Nonexistant 2-Poor 3-Fair 4-Very Good 5-Outstanding

Average Score: 2.8

Section IV: Effectiveness of current treatment team.

Rating Scale: 1-Ineffective 2-Poor 3-Fair 4-Very Good 5-Outstanding

Average Score: 3.5

Appendix D

Individual and Team Effectiveness Survey

INDIVIDUAL AND TEAM EFFECTIVENESS SURVEY

RATING SCALE
1-Never does this
2-Does this on rare occassions
3-Does this sometimes
4-Does this most of the time
5-Does this always

										TOTAL	AVE.		TEAM
1. Communicates clearly													
2. Supports team members													
3. Takes risks													
4. Participates in discussions													
5. Cooperates													
6. Gives feedback to others													
7. Supports team decisions													
8. Receives feedback well													
9. Helps others													
10. Compromises													
11. Open and candid													
12. Expresses feelings													
13. Consistent													
14. Listens													
15. Stays on task													
16. Collaborates													
17. Confronts problems													
18. Committed to team goals													
19. Carries out team decisions													
20. Caring													
TOTAL												TOT.	
AVERAGE TOTAL/20												AVE.	

Appendix E

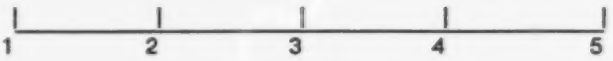
Staff Training Evaluation Form

STAFF TRAINING EVALUATION FORM
INSERVICE TRAINING ON THE TEAM APPROACH

RATING SCALE

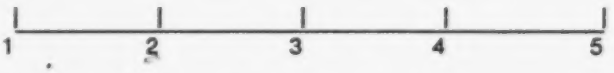
1-Not at all. 2-Poor. 3-Fair. 4-Very good. 5-Outstanding.

1. How valuable was the training?

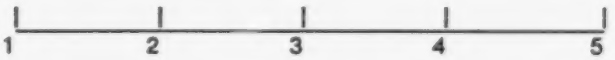


2. How valuable were the following sessions?

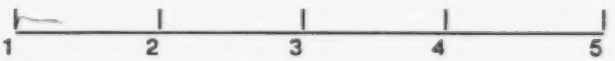
a. Week 1: Pre-Training Survey



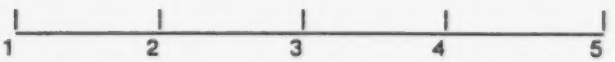
b. Week 2: Introduction to the team model



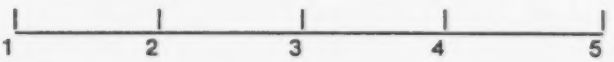
c. Week 3: Team mission, identity, roles and goals



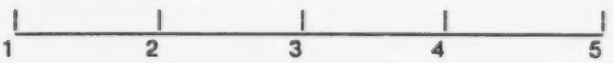
d. Week 4: Communication



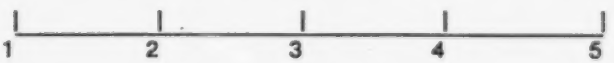
e. Week 5: Problem Solving



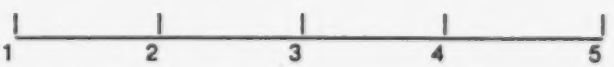
f. Week 6: Team Meetings



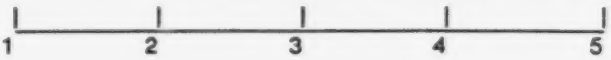
g. Week 7: Student perceptions, quality control and accountability



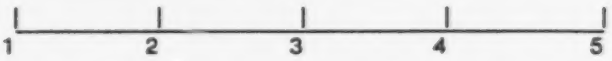
h. Week 8: Structured feedback



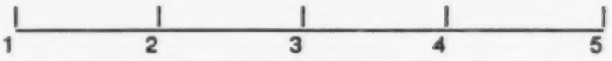
I. Week 9: Inservice by an expert in the team approach



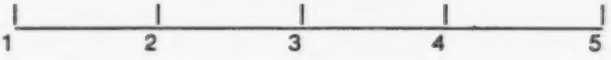
J. Week 10: Post training survey and summary



3. Were the presenters instructions clear and understandable?



4. Was the presenter organized and comfortable with the presentations?



5. Comments: _____

Appendix F

Team Effectiveness Survey Outline

OUTLINE: WEEK ONE
INDIVIDUAL AND TEAM EFFECTIVENESS SURVEY

I. Introduction
   A. Review upcoming training program
      1. Week 1
         a. Administer Pre-Training Survey
      2. Week 2
         a. Introduction to the Team Model
      3. Week 3
         a. Team mission, identity, roles and goals
      4. Week 4
         a. Communication
      5. Week 5
         a. Problem Solving
      6. Week 6
         a. Team meetings
      7. Week 7
         a. Student perceptions, quality control and accountability
      8. Week 8
         a. Structured feedback
      9. Week 9
         a. Workshop: The Team Approach Howard Garner
      10. Week 10
         a. Post-training survey and summary
II. Evaluate individual team members performance
   A. Score results
III. Evaluate current effectiveness of the treatment team
   A. Score results
IV. Share results

Appendix G

Introduction to the Team Model Outline

OUTLINE: WEEK 2
INTRODUCTION TO THE TEAM MODEL

I. Definition
   A. Create and environment that
      1. Elicits helpful behavior
      2. Controls harmful behavior
   B. Organizes experts around a group of students
II. Barriers to effective teamwork
   A. Status
   B. Role confusion
   C. Differing education and experience
   D. Differing values
   E. Power struggles
III. Characteristics of effective teamwork
   *From Howard G. Garner, Ph.D. Virginia Commonwealth University
   A. Communication*
   B. Cooperation*
   C. Collaboration*
   D. Confronting Problems*
   E. Compromise*
   F. Consensus Decision Making*
   G. Coordination*
   H. Consistency*
   I. Caring*
   J. Commitment*
IV. Potential outcomes of the team model
   A. Staff involved and committed
   B. Emotional support from team members
   C. Team confidence
   D. Student growth
   E. Increased team and individual skills
   F. Shared expertise
   G. Realistic treatment plans are developed and implemented
   H. Preventive as opposed to reactive decision making

Appendix H

Team Mission, Goals and Roles Outline

OUTLINE: WEEK 3
TEAM MISSION, GOALS, ROLES AND IDENTITY

I. Icebreaker
   A. Staff are split into small groups
      1. Select item in their wallet, pocket etc.
         a. Share how this item represents them
      2. Give each group an object
         a. Based on this object name their group
      3. Select a spokesperson
II. Define the teams mission(small groups)
   A. Share group consensus of mission
III. Define team goals(small groups)
   A. Share group consensus of team goals
IV. Share specific team member roles related to mission and goals of the team(entire team)
V. Share perceptions of the team mission, goals and team member's roles

Appendix I

Effective Communication Outline

OUTLINE: WEEK 4
EFFECTIVE COMMUNICATION

I. Icebreaker
II. Sharing and trusting
    A. Sharing and trusting exercise
III. Listening
    A. Making sure the message is accurately interpreted
    B. Listening exercise
        1. Reflective statements
            a. Content
            b. Feeling
IV. Issues that require staff initiative regarding communication
    A. Change in student behavior
    B. Inconsistencies among team members
    C. Confusion in daily routine
    D. Conflict among team members
    E. Administrative decisions effecting team and students
    F. Superior team member performance
    G. Material goods needed
    H. Student needs going unmet
    I. Deficient performance by a team member
    J. Admitting mistakes so others may learn
V. Communication with other teams
    A. Treatment strategies
    B. Variances in standard management system
    C. Potentially agitating situations, topics of discussion etc.
VI. Summary of communication

Appendix J

Problem Solving and Decision Making Outline

OUTLINE: WEEK 5
PROBLEM SOLVING AND DECISION MAKING

I. Ice breaker
II. Problem Solving
    A. State the problem clearly
        1. Data is often essential
        2. Objective vs. Subjective Data
    B. Share points of view regarding the problem at hand
    C. List alternative solutions
    D. Discuss alternatives
    E. Reach consensus if possible
    F. Devise solution effectiveness evaluation procedure
III. Summary of problem solving and decision making

Appendix K

Team Meeting Outline

OUTLINE: WEEK 6
TEAM MEETINGS

I. Icebreaker
II. Goals of team meetings
    A. Meet regularly
    B. Encourage team members
    C. Communicate team issues and concerns
    D. Evaluate the effectiveness of the treatment team
    E. Keep accurate minutes
    F. Inconsistencies are addressed
    G. Conflicts and inconsistencies are resolved
    H. Constructive criticism is offered to individuals as well as to the team as a whole
    I. Assess student and team needs
    J. Identify and solve problems
III. Staff behaviors which promote teamwork
    A. Attending regularly
    B. Actively participating in discussions
    C. Involved in problem solving
    D. Involved in decision making
    E. Involved in following up team decisions
    F. Focusing on student and team needs
IV. Summary of team meetings

Appendix L

Student Perceptions and Accountability

OUTLINE: WEEK 7
STUDENT PERCEPTION OF TEAM/ACCOUNTABILITY

I. Ice breaker
II. Effects of team dysfunction on the student
    A. Students are perceptive
        1. Who likes who
        2. Who agrees with who
        3. Who is strict and who is a pushover
        4. Who makes pertinent decisions
    B. Exploitation of staff disharmony and conflict
III. Carrying out team plans and decisions
    A. Team members must become experts at carrying out team plans and decisions
    B. Areas in which decisions must be consistently carried out
        1. Daily schedule
        2. Academic and behavioral goals
        3. Utilization of the behavior management system
        4. Adherence to variances in the management system
        5. Student supervision
        6. Facility policies and procedures
IV. Team decisions
    A. Will not always be correct
    B. Must be given the opportunity to succeed
        1. Systematic and consistent implementation
V. Common staff responses to students
    A. Inappropriate(non-supportive)
        1. Don't get mad at me, I voted against it
    B. Appropriate(supportive)
        1. The team made this decision and I support it
        2. The team believes this is best for your
VI. Summary of student perceptions and team accountability

Appendix M

Structured Feedback Outline

OUTLINE: WEEK 8
STRUCTURED FEEDBACK

I. Ice breaker
II. When the team struggles or fails
    A. Fear to confront
    B. Intimidating team members
    C. Poor or inconsistent team performance
III. Structured feedback
    A. Utilize group leader or outside consultant
    B. Ideas and feelings expressed are confidential
    C. Process
        1. Each team member offers feedback
            a. two positive perceptions
            b. one concern regarding performance
            c. strengths and weaknesses are written down
            d. the individual reviewed may then respond
        2. Discuss alternatives that will assist the team member in improving.
        3. Select the best alternative
        4. Support and offer feedback when the alternative is implemented.
IV. Results of this process
    A. Team cohesiveness
    B. Team trust
    C. Communication skills
    D. Long-term anxiety reduction
V. Summary of structured feedback sessions

Appendix N

Workshop by Howard Garner Outline

OUTLINE: WEEK 9
WORKSHOP: TREATMENT TEAM APPROACH
HOWARD GARNER

I. Workshop Goals
   A. Reinforce concepts provided in previous training sessions
   B. Share perceptions of the team approach in our work with children and youth.

Appendix O

Summary and Post-training Survey Outline

OUTLINE: WEEK 10
TRAINING SUMMARY AND POST-TRAINING SURVEYS

I. Individual and team effectiveness survey
II. Compare results with Pre-Training survey
III. Discuss the need for continued training
IV. Complete a training effectiveness evaluation form

Appendix P

Team Effectiveness Training Results:
Ratings Focusing on the Twenty Characteristics of Teamwork

RESULTS OF THE PRE-TRAINING AND POST-TRAINING TEAM EFFECTIVENESS TRAINING. THIS CHART REPRESENTS EACH TEAM MEMBERS RATING OF THE PERFORMANCE OF THE TEAM IN THE TWENTY DESIGNATED AREAS. A PRE AND POST TRAINING AVERAGE AND AN INCREASE OR DECREASE IN TEAM FUNCTIONING IS NOTED.

			STAFF A	STAFF B	STAFF C	STAFF D	STAFF E	STAFF F	STAFF G	STAFF H	AVE	+or-	Overall Team	+ or -
1.	Communicates clearly	Pre-Training	3.3	3.7	3.5	4.0	3.4	3.7	4.0	3.7	3.8	+.1	3.7	+.3
		Post-Training	3.9	3.4	3.9	3.9	4.1	3.9	4.5	3.9	3.9		4.0	
2.	Supports team members	Pre-Training	3.5	3.6	3.1	4.5	4.0	3.5	4.7	3.6	3.8	+.4	3.7	+.5
		Post-Training	4.6	3.5	4.0	5.0	4.7	4.1	4.6	3.3	4.2		4.2	
3.	Takes risks	Pre-training	3.1	3.0	3.1	3.0	3.5	3.0	3.1	1.0	2.8	+.7	3.4	+.2
		Post-Training	3.7	3.6	3.7	2.7	4.2	3.7	3.7	2.7	3.5		3.6	
4.	Participates in discussions	Pre-Training	3.9	3.7	3.5	4.2	3.5	3.7	4.0	3.7	3.8	+.2	4.1	-.4
		Post-Training	4.1	3.9	4.0	4.0	3.9	4.2	3.9	4.0	4.0		3.7	
5.	Cooperates	Pre-Training	4.4	3.7	3.9	4.9	4.5	4.0	5.0	3.7	4.3	+.1	4.4	+.0
		Post-Training	4.9	3.9	3.9	5.0	4.5	4.6	5.0	3.7	4.4		4.4	
6.	Gives feedback to others	Pre-Training	3.9	3.4	3.3	3.5	3.9	3.5	3.3	2.9	3.4	+.4	3.6	-.1
		Post-Training	4.4	3.6	3.7	2.7	4.4	4.4	3.1	3.9	3.8		3.5	
7.	Supports team decisions	Pre-Training	4.9	3.6	3.9	4.9	5.0	3.2	4.7	3.6	4.2	+.1	4.3	-.2
		Post-Training	4.5	3.6	4.0	5.0	4.7	4.2	4.7	4.0	4.3		4.1	
8.	Receives feedback well	Pre-Training	3.6	3.6	3.5	4.2	3.6	3.1	3.3	3.1	3.5	+.3	3.6	+.1
		Post-Training	3.7	3.6	3.7	3.7	4.2	4.9	3.5	3.0	3.8		3.7	
9.	Helps others	Pre-Training	4.0	3.9	3.9	3.9	4.0	3.2	4.6	5.0	4.1	+.0	4.1	+.3
		Post-Training	4.6	3.9	4.0	2.9	4.4	4.4	5.0	4.0	4.1		4.4	
10.	Compromises	Pre-Training	3.9	3.7	3.7	3.7	4.1	4.0	4.0	2.5	3.7	+.3	3.7	+.3
		Post-Training	4.1	3.9	4.1	4.0	4.2	4.0	4.6	3.1	4.0		4.0	
11.	Open and candid	Pre-Training	3.6	3.5	3.4	3.6	3.4	3.7	4.6	3.3	3.4	+.4	3.6	+.3
		Post-Training	4.7	3.1	3.9	4.0	3.9	4.4	3.5	3.3	3.8		3.9	
12.	Expresses feelings	Pre-Training	3.3	3.3	3.6	4.2	3.6	3.7	3.5	2.7	3.5	+.2	3.9	-.5
		Post-Training	4.2	3.5	3.9	3.3	4.0	4.1	3.5	3.1	3.7		3.4	
13.	Consistent	Pre-Training	3.3	3.6	3.4	4.2	4.2	4.0	4.6	5.0	4.0	+.2	4.0	+.1
		Post-Training	4.0	3.5	4.0	3.9	4.4	4.2	4.7	5.0	4.2		4.1	
14.	Listens	Pre-Training	4.7	3.9	3.9	4.0	4.5	4.0	4.7	4.1	4.3	+.1	3.9	+.3
		Post-Training	4.4	3.9	4.1	3.9	4.9	4.9	5.0	3.9	4.4		4.2	
15.	Stays on task	Pre-Training	3.9	3.7	3.9	4.9	4.1	3.9	4.4	4.0	4.1	+.2	3.9	+.2
		Post-Training	4.6	4.0	4.2	3.9	4.7	4.0	4.6	4.1	4.3		4.1	
16.	Collaborates	Pre-Training	3.4	3.4	3.7	4.0	3.6	3.6	4.1	3.3	3.6	+.4	3.4	+.5
		Post-Training	3.7	3.5	4.2	3.7	4.5	3.9	5.0	3.6	4.0		3.9	
17.	Confronts problems	Pre-Training	4.0	3.4	3.4	4.5	4.1	3.9	3.6	3.9	3.8	+.1	3.9	+.2
		Post-Training	4.4	3.5	3.9	4.1	4.4	3.4	3.5	3.7	3.9		4.1	
18.	Committed to team goals	Pre-Training	4.2	3.6	3.7	4.5	4.7	3.7	5.0	5.0	4.3	+.2	4.4	+.5
		Post-Training	4.9	3.7	4.0	4.9	4.9	3.6	5.0	5.0	4.5		4.9	
19.	Carries out team decisions	Pre-Training	4.1	3.7	3.6	4.5	5.0	3.4	4.7	4.0	4.1	+.2	4.0	+.2
		Post-Training	4.0	4.1	3.9	4.7	4.9	3.9	4.7	4.1	4.3		4.2	
20.	Caring	Pre-Training	4.5	4.2	4.1	5.0	5.0	5.0	5.0	4.0	4.1	+.8	4.6	+.4
		Post-Training	5.0	4.6	4.6	5.0	5.0	4.9	5.0	5.0	4.9		5.0	

Appendix Q

Team Effectiveness Training Results
Individual Team Effectiveness Ratings

This chart represents each team members rating on the twenty characteristics of teamwork presented on the Individual and Team Effectiveness Survey. These traits were rated on a scale of one to five. The overall teamwork characteristic rating is listed under columns A-H. The average rating excluding the self rating is indicated in the right hand column. Scores marked with an asterisk are self ratings.

	RATED BY									AVERAGE
	A	B	C	D	E	F	G	H		
STAFF A										
Pre-training	*3.3	3.2	3.1	3.6	3.7	3.4	4.1	3.3	Pre-	3.5
Post-training	*3.9	3.3	3.6	3.9	4.5	4.0	4.4	3.2	Post	3.8
+ or -	+.6	+.1	+.5	+.3	+.8	+.6	+.3	-.1	+or-	+.3
STAFF B										
Pre-training	4.1	*4.0	3.8	4.9	4.6	4.2	4.3	4.1	Pre-	4.3
Post-training	4.7	*4.1	4.1	4.5	5.0	4.5	4.7	4.1	Post	4.5
+ or -	+.6	+.1	+.3	-.4	+.4	+.3	+.4	+.0	+or-	+.2
STAFF C										
Pre-training	4.1	3.7	*3.5	4.3	4.6	4.1	4.5	3.7	Pre-	4.1
Post-training	4.7	3.9	*4.3	4.1	5.0	4.8	4.6	3.9	Post	4.4
+ or -	+.6	+.2	+.8	-.2	+.4	+.7	+.1	+.2	+or-	+.3
STAFF D										
Pre-training	4.2	4.0	4.3	*4.0	4.2	3.2	4.5	3.7	Pre-	4.0
Post-training	4.6	3.8	4.9	*3.9	4.7	4.0	4.5	3.8	Post	4.3
+ or -	+.4	-.2	+.6	-.1	+.5	+.8	+.0	+.1	+or-	+.3
STAFF E										
Pre-training	3.9	3.6	3.5	4.4	*3.7	3.7	4.0	3.9		3.9
Post-training	4.4	3.6	3.8	3.8	*3.8	4.4	4.3	3.1		3.9
+ or -	+.5	+.0	+.3	-.6	+.1	+.7	+.3	-.8		+.0
STAFF F										
Pre-training	4.1	3.9	3.7	4.5	4.0	*3.8	4.3	3.5	Pre-	4.0
Post-training	4.5	4.1	4.4	4.0	5.0	*4.4	4.5	3.7	Post	4.3
+ or -	+.4	+.2	+.7	-.5	+1.0	+.6	+.2	+.2	+or-	+.3
STAFF G										
Pre-training	4.1	4.0	4.2	4.6	4.7	4.2	*4.6	3.8	Pre-	4.2
Post-training	4.5	4.0	4.4	4.3	4.8	4.6	*4.6	4.0	Post	4.4
+ or -	+.4	+.0	+.2	-.3	+.1	+.4	+.0	+.2	+or-	+.2
STAFF H										
Pre-training	3.0	2.4	2.7	3.2	2.2	3.2	3.0	*3.6	Pre-	2.8
Post-training	3.2	2.7	2.3	3.4	2.8	3.1	3.2	*3.7	Post	3.0
+ or -	+.2	+.3	-.4	+.2	+.6	-.1	+.2	+.1	+or-	+.2

Appendix R

Results: Staff Training Evaluation Form

STAFF TRAINING EVALUATION RESULTS

RATING SCALE

1-Not at all. 2-Poor. 3-Fair. 4-Very good. 5-Outstanding

1. How valuable was the training?

Average Score: 4.1

2. How valuable were the following sessions?

a. Week 1: Pre-Training Survey

Average Score: 3.8

b. Week 2: Introduction to the team model

Average Score: 3.9

c. Week 3: Team mission, identity, roles and goals

Average Score: 3.9

d. Week 4: Communication

Average Score: 3.8

e. Week 5: Problem Solving

Average Score: 3.7

f. Week 6: Team Meetings

Average Score: 3.7

g. Week 7: Student perceptions, quality control and accountability

Average Score: 3.8

h. Week 8: Structured feedback

Average Score: 3.9

i. Week 9: Summary of team effectiveness

Average Score: 3.1

j. Week 10: Post training survey and summary

Average Score: 4.3

3. Were the presenters instructions clear and understandable?

Average Score: 3.9

4. Was the presenter organized and comfortable with the presentations?

Average Score: 3.6